

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213549184				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: STARR TECHNICAL RISKS AGENCY, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F1453085</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 399 Park Avenue 9th Floor</p> <p style="margin-left: 40px;">CITY/ST/ZIP: New York, NY 10022</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Richard N. Shaak TITLE: PRES/CEO ADDRESS: Floor, 9 CITY/ST/ZIP/CO: 399 Park Avenue New York, NY 10022 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Richard N. Shaak TITLE: PRES/CEO ADDRESS: Floor, 9 CITY/ST/ZIP/CO: 399 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Lynn Blaine TITLE: ASSISTANT VP ADDRESS: 5151 San Felipe Street Suite 700 CITY/ST/ZIP/CO: Houston, TX 77056 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Lynn Blaine TITLE: ASSISTANT VP ADDRESS: 5151 San Felipe Street Suite 700 CITY/ST/ZIP/CO: Houston, TX 77056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: John Frederick Lloyd Crouch TITLE: VICE PRESIDENT ADDRESS: 1000 Wilshire Blvd Suite 2200 CITY/ST/ZIP/CO: Los Angeles, CA 90017 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: John Frederick Lloyd Crouch TITLE: VICE PRESIDENT ADDRESS: 1000 Wilshire Blvd Suite 2200 CITY/ST/ZIP/CO: Los Angeles, CA 90017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: John Frederick Lloyd Crouch TITLE: VICE PRESIDENT ADDRESS: 1000 Wilshire Blvd Suite 2200 CITY/ST/ZIP/CO: Los Angeles, CA 90017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
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NAME:	Timothy Drag	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	Floor, 9 399 Park Avenue		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Anthony Freeman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	Floor, 9 399 Park Avenue		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Brian Stuart Frisch	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/COMPTROLLER		
ADDRESS:	399 Park Avenue 9th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	James Jezewski	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	399 Park Avenue 9th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Laura Kearson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 Wilshire Blvd. 22nd Floor		
CITY/ST/ZIP/CO:	Los Angeles, CA 90017		
NAME:	Vito Maniaci	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 West Monroe Street Suite 2600		
CITY/ST/ZIP/CO:	Chicago, IL 60661		
NAME:	Dylan McCarra	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8401 North Central Expressway Suite 890		
CITY/ST/ZIP/CO:	Dallas, TX 75225		
NAME:	Kevin Mooney	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	470 Atlantic Avenue 3rd Floor		
CITY/ST/ZIP/CO:	Boston, MA 02210		
NAME:	James Mullin	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Floor, 9 399 Park Avenue		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Glenn D. Murphy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Floor, 9 399 Park Avenue		
CITY/ST/ZIP/CO:	New York, NY 10022		

NAME:	Russell Parrish	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	5151 San Felipe Street Suite 700		
CITY/ST/ZIP/CO:	Houston, TX 77056		
NAME:	Scott D. Powrie	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8401 North Central Expressway Suite 890		
CITY/ST/ZIP/CO:	Dallas, TX 75225		
NAME:	James Joseph Regan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	399 Park Avenue 9th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Randall E. Rymer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 West Monroe Street 26th Floor		
CITY/ST/ZIP/CO:	Chicago, IL 60661		
NAME:	John R. Sahn	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Floor, 9 399 Park Avenue		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Sang Tran	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	Floor, 9 399 Park Avenue		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Raymond Myle Walshe	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	1000 Wilshire Blvd 22nd Floor		
CITY/ST/ZIP/CO:	Los Angeles, CA 90017		
NAME:	Joanne Marie Zajac	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 West Monroe Street 26th Floor		
CITY/ST/ZIP/CO:	Chicago, IL 60661		
NAME:	Thomas A Bryan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	399 Park Avenue 8th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Julie Murray	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	399 Park Avenue 8th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Julie Murray	Julie Murray, ASST SECRETARY	10/22/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.